

	DATE	August 14, 2008
	TIME	1:00 pm - 3:00pm
	LOCATION	Auditorium – LPN
	SUBJECT	Heath Carrier Meeting #3
	ATTENDEES	Blue Shield of California, Blue Cross California, Anthem Blue Cross, Thomson Reuters, CAHP Health Benefits Trust, Kaiser Permanente, Medco Health Solutions, California Correctional Peace Officer Association Benefit Trust Fund

AGENDA TOPIC		MINUTES/OUTCOMES
1	Meeting Purpose	<p>Meeting Purpose</p> <ul style="list-style-type: none"> • Build awareness of the PSR Project and the anticipated changes for Health Carriers <ul style="list-style-type: none"> ▪ Self-Service Capabilities ▪ New Health Processes ▪ Walkthrough of Interface files outlined in the Carrier Packet • Plan for my CalPERS interface design, build, and test with Health Carriers • Interface Agreements • Highlight Interface Changes
2	PSR Project Update	<ul style="list-style-type: none"> • The General Design Phase of the my CalPERS enhancements are complete including user interfaces, interface designs, and business rules • Detailed design and system test are underway • Interface system test partners are being identified for each interface
3	Benefits to Health Carriers	<ul style="list-style-type: none"> • Improved access to data and notification of changes <ul style="list-style-type: none"> ▪ Increased accuracy of payments ▪ Reduced premium discrepancy notices ▪ Ability to generate statements through self-service ▪ Automatic enrollment change notifications for 23 year-old deletes, death, and demographic changes impacting health coverage ▪ Ability to review subscriber records online

	AGENDA TOPIC	MINUTES/OUTCOMES
4	Carrier Packet Walk Through – ANSI 834	<ul style="list-style-type: none"> • In addition to the daily incremental file, Carriers can request a complete set of enrollment information. CalPERS will still be the system of record for all Health Enrollment information. The complete set of enrollment information will be sent using the ANSI 834 enrollment file format • Enrollment information in the ANSI 834 file may include address for dependents • Question: Do carriers have to use the dependent address? We have a policy to only send information to the subscriber. Is CalPERS requiring carriers to send information to dependents? <ul style="list-style-type: none"> ▪ Answer: No, carriers do not have to change practices. It will be an address carriers can use if they like. CalPERS is collecting the dependent address for communication purposes only. Health eligibility will continue to be based on the subscriber's ZIP • Question: Will the subscriber know that the dependent address is being provided? <ul style="list-style-type: none"> ▪ Answer: Yes, the dependent address would come from the subscriber if they wish to provide it • Question: – If dependent address is used, what is the differentiation between the two addresses? <ul style="list-style-type: none"> ▪ Answer: The subscriber line will have the subscriber address which is the primary address for the health account. The address which appears in the dependent line may be the dependent's address if the subscriber has provided a different address for the dependent. If the dependent's address is the same as the subscriber's, then the address in the dependent line will be the subscriber's address (this is current day process). The premiums will still be triggered off of the subscriber address. In some cases, two copies of communications can be sent, one to the subscriber and one for the dependent • Question: Daily change files. Is there an archive of address changes so subscribers can research past addresses? <ul style="list-style-type: none"> ▪ Answer: CalPERS has an archive of every transaction in the system including address changes. Only the latest address will be sent in the file however • Question: Often times, subscribers of Association plans will think of the carrier before CalPERS for address updates. Often the carrier is updated with address changes prior to CalPERS. Does CalPERS address overwrite carrier addresses? <ul style="list-style-type: none"> ▪ Answer: Since CalPERS is the system of record for health enrollment, it is encouraged that subscribers change their address with CalPERS in order for CalPERS to monitor subscribers who are out of service area. If there are

AGENDA TOPIC	MINUTES/OUTCOMES
	<p>differences between addresses at CalPERS and the carriers, CalPERS will be unaware of the address change if the subscriber goes directly to the carrier. It is up to the discretion of the carriers to process the address updates from the ANSI 834 file</p> <ul style="list-style-type: none"> • Question: Will addresses be reconciled with the U.S. Postal Service standards for addresses? <ul style="list-style-type: none"> ▪ Answer: USPS standardization software will be applied to all addresses before they are sent to carriers • ANSI 834 file information will serve as the mechanism to notify all carriers regarding the health enrollment confirmations. Health enrollment confirmations will be electronic not via paper with the my CalPERS system • For rescinded enrollment transactions - the actual rescinded transaction as well as all of the subsequent impacted health enrollment transactions will be provided in the ANSI 834 file • Question: Will all rescind transactions be sent in the same INS segment? <ul style="list-style-type: none"> ▪ Answer: Maintenance code and reference ID number will be generated by CalPERS indicating why the transaction is being sent. A maintenance code of 14 with the original CalPERS health enrollment reason code (reference ID) will be provided in the reference column for the transaction that was rescinded. For every transaction that needs to be reapplied, the original maintenance code with a reapply reason code (reference ID) will be provided. With every rescinded and reapplied transaction, a separate transaction that has the snapshot of the health enrollment will be sent via a "XN" maintenance code • Question: How will future effective transactions be handled? <ul style="list-style-type: none"> ▪ Answer: my CalPERS can accept future effective transactions. Currently planning to send future changes on a daily basis as it is received by CalPERS. Carriers confirmed that this planned approach is acceptable • Question: How will the file deal with a transaction with a future effective date for a newborn prior to the effective date? <ul style="list-style-type: none"> ▪ Answer: Since CalPERS will send future changes on a daily basis to carriers, during open enrollment, changes will be sent on a daily basis. If a subscriber adds a newborn to their account prior to the open enrollment effective date, the open enrollment selection would be rescinded and a new transaction will be provided. Subscriber will be able to validate changes even with future effective transactions. There will be more future effective date transactions when the new system is implemented

	AGENDA TOPIC	MINUTES/OUTCOMES
5	Retiree Drug Subsidy	<ul style="list-style-type: none"> • Question: How often will the VDSA exchange occur? • Question: Will access to CMS response data be available to the carriers? <ul style="list-style-type: none"> ▪ Answer: RDS files and timeframes will not change. CalPERS is establishing a Voluntary Data Sharing Agreement (VDSA) with CMS in order to receive and maintain accurate Medicare and RDS information. ▪ Validated retiree information for drug subsidy from CMS will be sent to carriers for claims and cost processing. With VDSA, CalPERS will be able to provide the Carriers with more accurate Medicare eligibility information; this will reduce the current day issues surrounding the RDS files for cost and claims processing. • Question: Will CalPERS be using a reconciliation process to address discrepancies for drug subsidies? <ul style="list-style-type: none"> ▪ Answer: The only source for Medicare data today is the subscriber themselves. In the future, the actual dates will be received from CMS so the quality of data provided to carriers will improve. CMS interface for subscribers 55 and older will be multiple times a month • Cost and claims processing data will be provided to CMS from the Carriers. • Action Item: Design team to validate length of last name in Retiree Drug Subsidy Data
6	Annual ZIP code Process	<ul style="list-style-type: none"> • Instead of providing a full list of ZIP codes (adds, updates and deletes) annually, with my CalPERS carriers will only inform CalPERS of the new and updated and deleted ZIP codes (e.g., added a split indicator, provide an active close date) • When ZIP code falls in two service areas the premium costs will be based on lower cost region. It is important to note that information associated to premium costs (e.g., where to place a ZIP code to ensure that it falls in the lower cost region) is based on discussions between carriers and CalPERS. Once the premium costs are finalized, CalPERS will verify that my CalPERS contains the most accurate range of premium costs for a carrier • Question: Will lower cost zip codes for overlapping coverage areas be captured/maintained by CalPERS? <ul style="list-style-type: none"> ▪ Answer: Currently report is provided that indicates split ZIP codes and the region with the lower premium costs • Action item: Design team to verify that new system will be designed to produce this report • Once carriers upload their ZIP code file, they may fix ZIP code errors through on line pages; ZIP code upload file has to be in

AGENDA TOPIC		MINUTES/OUTCOMES
		<p>XML format</p> <ul style="list-style-type: none"> • Question: Will timeline for making ZIP code changes, change? <ul style="list-style-type: none"> ▪ Answer: No • Question: How will ZIP codes that are terminated be handled? <ul style="list-style-type: none"> ▪ Answer: CalPERS will notify subscriber to make changes to enrollment and new enrollment will be sent to carriers • The new my CalPERS system will assume that new ZIP codes within a coverage area or county currently covered by the carrier will be covered. Carriers will have to indicate which ZIP codes should not be included. CalPERS will be able to notify subscribers in uncovered ZIP codes of the need to change their plans
7	Health Enrollment Inbound file	<ul style="list-style-type: none"> • Trying to collect more information on COBRA subscribers so CalPERS has a consistent set of data with the carriers. New interface had been identified which allows the carriers to notify CalPERS regarding cancellations of COBRA or Direct Pay enrollments for non-payment scenarios • Carriers will send cancel coverage requests for non payment for COBRA enrollment and Direct Pay enrollment • Carrier packet included reason codes for COBRA and direct pay cancellation • Question: Does CalPERS want additional enrollment reasons for cancellation of health enrollment? <ul style="list-style-type: none"> ▪ Answer: Currently the reasons identified are non-payment for COBRA and non-payment for Direct Pay. • Question/Comment: If a subscriber is on COBRA or Direct Pay, usually subscriber is enrolled in an "Individual account" product with the health plan • Action Item: Possible discussion regarding whether plans can report reason for cancellation. Will need to confirm whether non-payment information is considered privacy information. Providing CalPERS termination reason code for non payment may be a compliance issue • Action Item: Design team to identify additional reason codes such as death • CalPERS keeps track of 18 and 36 month COBRA cancellations and will send those to the carriers • Health Enrollment inbound file has to be in XML format
8	Security Agreements	<ul style="list-style-type: none"> • Contract analysts will work with the Carriers to ensure agreements are in place before the new system is implemented. Some of the contract packet language will be updated • SEIA REIA forms are in addition to the 2008 contract e-commerce

AGENDA TOPIC		MINUTES/OUTCOMES
		<p>attachment. Possible updates to contract attachments for 2009. Still considering how to incorporate into the 2009 contract materials</p> <ul style="list-style-type: none"> • Association plan impacts are greater since they do not use electronic files today. Additional meetings will be established with association plans • Association plans requested separate meeting with contract analyst and the project. Action Item: Contract analysts will set up the meetings • Question: Will the new files indicate Kaiser North versus South in the plan codes? <ul style="list-style-type: none"> ▪ Answer: No. the plan codes are the three digit plan codes that are established when a new plan goes into effect. For statewide plans – the base plan code for basic and supplemental span across the state
9	Key Dates and Next Steps	<p>Next Steps:</p> <ul style="list-style-type: none"> • February 2009 – Health Carrier Planning Group Meeting <ul style="list-style-type: none"> ▪ Draft agenda items: ▪ Frequently asked questions from Health Carriers ▪ Update on lessons learned from testing activities ▪ Potential updates to Health Carrier Packet • June 2009 – Health Carrier Packet #2 <ul style="list-style-type: none"> ▪ Cutover approach and activities • Fall 2009 – Health Carriers interact with the new system